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## BIB DATA SHEET

CONFIRMATION NO. 1588

<b>SERIAL NUMBER</b> 10/529,748	<b>FILING or 371(c) DATE</b> 03/30/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1649	<b>ATTORNEY DOCKET NO.</b> GRT/4061-32
<b>APPLICANTS</b> Berislav V Zlokovic, Rochester, NY; <i>DK 10/2/07</i> John H Griffin, Del Mar, CA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/30638 09/30/2003 <i>DK 10/2/07</i> which claims benefit of 60/414,333 09/30/2002				
<b>** FOREIGN APPLICATIONS *****</b> <i>NONE</i>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWINGS</b> 5	<b>TOTAL CLAIMS</b> 20
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> NIXON & VANDERHYE, PC 901 NORTH GLEBE ROAD, 11TH FLOOR ARLINGTON, VA 22203 UNITED STATES				
<b>TITLE</b> Protein s protects the nervous system from injury				
<b>FILING FEE RECEIVED</b> 600	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	